PTO/SB/21 (01-08)

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	Application Number	10/808,914					
TRANSMITTAL	Filing Date	March 25, 2004					
FORM	First Named Inventor	Clifton Lind					
	Art Unit	3714					
(to be used for ell correspondence efter initial filia		Corbett B. Coburn					
Total Number of Pages in This Submission 13	Attorney Docket Number	988.1071					
ENCLOSURES (Check all that apply)							
Fee Transmittel Form Fee Attached Amendment/Reply After Final After Final After Final Extension of Time Request Express Abandonment Request Information Disclosure Statement Certified Copy of Priority Document(s) Reply to Missing Parts Incomplete Application Reply to Missing Parts under 37 CFR 1.52 or 1.53	Drawing(s) Licensing-related Papers Petition Petition Convert to a Provisional Application Power of Attorney, Revocatic Change of Correspondence / Terminal Disclaimer Request for Refund CD, Number of CD(s) Landscape Table on CI Remarks	After Allowance Communication to TC Appeal Communication to Board of Appeals and Interferences Appeal Communication to TC (Appeal Notice, Brief, Reply Brief) Proprietary Information Status Letter Other Enclosure(s) (please Identity below):					
	JRE OF APPLICANT, ATTO	RNEY, OR AGENT					
Firm Name The Culbertson Gr	oup, P.C.						
Signature							
Printed name Russell D. Culberts	son						
Date July 29, 2008		Reg. No. 32,124					
I hereby certify that this correspondence is beir	RTIFICATE OF TRANSMISS	O or deposited with the United States Postal Service with					
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PTO/SB/17 (10-07)

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Fees pursuant to the Consolidated Appropriations Act. 2006 (H.R. 4818). FEE TRANSMITTAL For FY 2008		Complete if Known				
		Application Number 10/808,914				
		Filing Date	March 25, 2004			
		First Named Inventor	Clifton Lind			
Applicant claims small onlike states. See 27 CER 1 27		Examiner Name	Corbett B. Coburn			
Applicant claims small entity status. See 37 CFR 1.27		Art Unit	3714			
TOTAL AMOUNT OF PAYME	NT (\$)	0.00	Attorney Docket No.	988.1071		
METHOD OF PAYMENT (check all that	apply)				
Check Credit Card Money Order None Other (please identify): Deposit Account Deposit Account Number: 50:-3227 Deposit Account Name: The Cullbertson Group, PC For the above-identified deposit account, the Director is hereby authorized to: (check all that acoiv)						
Charge fee(s) inc	•	int, the bilector is ne				
			= ' ') indicated below, except	for the filing fee	
✓ Charge any additional fee(s) or underpayments of fee(s) ✓ Credit any overpayments						
FEE CALCULATION						
	FILING FEE Small	S SEAF	Small Entity	MINATION FEES Small Entity		
		(\$) Fee (\$		(\$) Fee (\$)	Fees Paid (\$)	
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	210 10		50 13	- 00 -		
	210 10		155 16	- 00 -		
	310 15		255 62	0 310 -		
	210 10	5 0	0	0 0 _		
2. EXCESS CLAIM FEES Fee Description Small Entity Fee Description Fee (\$) Fee (\$) Each claim over 20 (including Reissues) 50 25 Each independent claim over 3 (including Reissues) 210 105 Multiple dependent claims 370 185						
Total Claims Ex	tra Claims		Paid (\$)	Multiple Depen		
HP = highest number of total clei	tra Claims	eater than 20. Fee (\$) Fee	Paid (\$)	Fee (\$)	Fee Paid (\$)	
3. APPLICATION SIZE FEE If the specification and drawings exceed 100 sheets of paper (excluding electronically filed sequence or computer listings under 37 CFR 1.52(e)), the application size fee due is \$260 (\$130 for small entity) for each additional 50 sheets or fraction thereof. See 35 U.S.C. 41(a)(1)(d) and 37 CFR 1.16(s). Total Sheets Number of each additional 50 or fraction thereof see (5) Extra Sheets (100 or 100 or						
4. OTHER FEE(S) Non-English Specification, \$130 fee (no small entity discount) Fees Paid (\$)						
Other (e.g., late filing surcharge):						

SUBMITTED BY						
Signature	ONC.	Registration No. 32,124	Telephone 512-327-8932			
Name (Print/Type)	Russell D. Culbertson		Date July 29, 2008			

This collection of information is required by 37 CFR 1.106. The information is required to death or realin a benefit by the outlier better in the figured by the USFTO to proceed an application. Condensatility is governed by 58 U.S.C. 120c and 2 CFR 1.14. This collection is estimated to death 30 minuted to complete, including gathering, preparing, and submitting the completed application form to the USFTO. Time will vary depending upon the individual case. Any comments on the amount of the your require to complete this form and/or suggestors for reducing this burder, should be sent the MCFI cell information CUI, S.Petert and Trademark Office, U.S. Department of Commerce, P.O. Box 1450, Alexandris, V.A. 22313-1450. DO NOT SEND FEES OR COMPLETED FORMS TO THIS ADDRESS. SEND TO: Commissioner for Patents, P.O. Box 1450, Alexandris, V.A. 22313-1450.